

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. 1091

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010046-5

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. \_\_\_\_\_

To

(Payee)

PAID BY

ENCL #174  
SAPC 22506  
COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				2,168.	28

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total 2,168.28

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

Differences \_\_\_\_\_

Date 12/13/57 \*Payee

(Signature not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

(Signature or initials)

Per

Title

Contract No. A-101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

†

(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ (on Treasurer of the United States in favor of payee named above.)  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the payee. "John Doe Company, per John Smith, Secretary", or "Treasury", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_

## CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 1 of Bureau Voucher No. 1091

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> System III					
		Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 11/18 thru 11/24/57					
		STATINTL					
		Research & Development					
					<u>Production</u>		
						<u>Total</u>	
		Labor for the Week Ending November 24, 1957					
		Overhead computed for Communications Division at interim rates as follows: Research & Development - <span style="background-color: black; color: black;">[REDACTED]</span> Production - <span style="background-color: black; color: black;">[REDACTED]</span>					
		STATINTL					
		Total Labor & Overhead					
		STATINTL					
		G & A expense computed at interim rate of <span style="background-color: black; color: black;">[REDACTED]</span>					
		STATINTL					
		Total Costs					
							\$ 2,168.28